







Rhode Island Behavioral Health, Development Disabilities and Hospitals (BHDDH) **Certified Community Behavioral Health Clinics (CCBHC) Advisory Group** **Public Meeting Minutes**

Meeting Date & Start Time: July 20, 2016 – 2:00 PM

End Time: 3:30 PM

Location: HP Conference Room, Metro Center Blvd, Warwick, RI

MEETING INFORMATION
Meeting Purpose/Objective: <ul style="list-style-type: none"> Advise the Rhode Island Department of Behavioral Health, Development Disabilities and Hospitals regarding mental health and substance use needs, interventions and tools for support of completion of the CCBHC application for the two-year demonstration program due October 31, 2016. Attachments/Handouts: Meeting Agenda, CCBHC Needs Assessment Presentation, EBP Benefit Summary, EBP Glossary
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Final Advisory Group Agenda - CCBHC 201 </div> <div style="text-align: center;">  Child Adolescent EBP- Benefit F </div> <div style="text-align: center;">  EBP Glossary - 7-21-16.docx </div> <div style="text-align: center;">  CCBHC Needs Assessment Presenta </div> </div>

ATTENDEES	
Facilitator - Ann Detrick, BHDDH	Scribe – Laurieann Grenier, UMass
Megan Clingham, Mental Health Advocate	Wendy Phillips, FSRI
Dave Lauterbach, Kent Ctr	Diane Giarrusso, Optum
Rich Leclerc, Gateway	Judy Fox, BHDDH
Jamie Lehane, Newport MHC	Jim McNulty, MHCA Oasis RI
Dennis Roy, East Bay	Tanya Alderman, DCYF
Liz Kornblee, Kent Ctr	Richard Sabo, BHDDH
Margaret McDuff, Family Service	Joanne Kalp, UMASS Medical School
Louis Cerbo, DOC	Jeff Walter, TAC
Sue Storti, Leadership Council	Megan Swindal, ProvPlan
MaryAnn Ciano, DEA	Libby Bunzli, ProvPlan
Susanne Campbell, CTC	
Pano Yeracaris, CTC	

Statement/Owner	Comments
Ann Detrick, BHDDH Facilitator Megan Swindal, Libby Bunzli, ProvPlan	Welcome & Introductions Ann asked the members present if there were any comments to the July 06, 2016 minutes. There were none. The minutes from July 06, 2016 were accepted by all present.

<p>Presentation</p>	<p>Ann then introduced Megan Swindal and Libby Bunzli from ProvPlan who organized the results of the needs assessment report into a PowerPoint presentation. (An updated version can be found in the attachment/handouts section.) This updated version clearly identifies the cities and towns located within each of the eight Community Mental Health Center (CMHC) catchment areas. The updated PowerPoint also includes the following correction: Among the respondents, 29.8% indicated they were consumers or family members. Note that respondents could check more than one category (i.e., MH service providers, consumers or family members, community agencies, substance use service providers, schools and other community stakeholders).</p> <p>Regarding catchment areas, for reference, the following numbering sequence identifies eight CMHC catchment areas and the cities and towns included in each:</p> <div style="margin-left: 40px;"> <p>Catchment Area</p> <ul style="list-style-type: none"> 1: Burrville, Cumberland, Lincoln, No. Smithfield and Woonsocket 2: Pawtucket, Central Falls 3: Providence 4: Foster/Glocester, Scituate, Smithfield, Cranston, Johnston, No. Providence 5: Coventry, East and West Greenwich, Warwick and West Warwick 6: Block Island, Charlestown, Exeter, Hopkinton, Narragansett, No. and So. Kingstown, Richmond, and Westerly 7: Barrington, Bristol, East Providence and Warren 8: Jamestown, Little Compton, Middletown, Newport, Portsmouth and Tiverton </div> <p>Access to the Catchment level reports and the other reports referenced or asked about during the presentation can be found at the link below. Hold ctrl + click simultaneously to follow the link https://www.dropbox.com/sh/afosur9hey8rr22/AAAtnZ1RtP0w4YBeqqnOs0Qxa?dl=0</p> <p>In this drop box link the following reports can be found:</p> <ol style="list-style-type: none"> 1. CCBHC Updated Needs Assessment Report (Updated Power Point also attached to these minutes). 2. Needs Assessment (Individual Catchment Areas) which includes the following catchment area-specific information: <ol style="list-style-type: none"> A) Quantitative Data for each catchment area (e.g., demographic data; Kids Count data; school data, including depression rates; Corrections data). B) Claims Data for Each Catchment Area with these data combined for Gateway CMHC's Catchment Areas 2, 4 and 6. Note that these data are from the Medicaid Management Information System (MMIS). C) Survey Monkey Needs Assessment Results for each catchment area. 3. Needs Assessment All Catchment Areas which combines information from the Needs Assessment (Individual Catchment Areas), see above, as well as Survey Monkey Results for 50% of all respondents who chose, as the focus of their responses, at least three specific catchment areas or the whole state.
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<p>Discussion</p>	<p>4. Needs Assessment Statewide which includes statewide Quantitative and Claims Data (combined for all catchment areas) as well as statewide Survey Monkey Needs Assessment Results for all 647 respondents:</p> <p>There was some discussion by the CMHC Directors who were present that some of the data for a given catchment area could be “watered” down, since the data reflects all cities and towns. There may be specific pockets within each catchment area that have significant needs not reflected in the total. Examples of findings:</p> <p>For every catchment area, respondents reported that crisis services for people of all ages are <i>not</i> adequate. This sentiment was particularly strong for Catchment Areas 2, 3, 6, and 8 (Pawtucket/Central Falls; Providence; South County; and Newport. (South County includes Block Island, Charlestown, Exeter and neighboring communities. Newport includes Newport, Jamestown and neighboring communities). Respondents across all catchment areas reported feeling that:</p> <ul style="list-style-type: none"> – Community education regarding ways to access mental health services is <i>not</i> adequate. – Transportation is an issue in obtaining services. – Offering walk-in appointments is the best way for making CMHC services more accessible. <p>Rich Leclerc asked if the results of a recent Health Equity Zone (HEZ) needs assessment survey and Hospital Association of Rhode Island needs assessment information would be included as part of the overall CCBHC Needs Assessment. Ann Detrick replied that she would check into forwarding those results to the Center Directors. The discussion then focused on using overall Needs Assessment results to identify priority areas and to identify services to add to the final cost report for each of the CMHCs.</p> <p>Overall discussion from the Advisory Group members was that this report will assist in planning service delivery, setting priorities and identifying areas where there will be an increase in cost. Jim McNulty commented that it would be interesting to pull out by age, consumers only and family members’ data, from the other Survey Monkey results since the data were aggregated with 28% MH service providers as respondents.</p> <p>Ann indicated that each CMHC Director has received their respective individual catchment area Needs Assessment reports. BHDDA will be looking at the data to help identify particular areas of need statewide. Sue Storti recommended an overall summary be prepared to tell a story for the whole state. She said that the key to a summary report’s effectiveness is how it is organized and presented. She indicated that Rhode Island’s unique geographic configuration offers opportunities not afforded other states. Sue recommended that a report: 1) identify the resources Rhode Island already has; 2) address ways to enhance or build on those in an integrated fashion to respond to the highest needs; and 3) develop effective relationships and collaborations where they do not exist to increase positive results for consumers and families. A summary report should include strengths as well as needs. There was mention that each CMHC could send its Center’s results to legislative representatives and create an ongoing data book that advocates could take to their local legislature.</p>
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Jeff Walter/Richard Sabo	<p>Jim McNulty asked for more details on the community needs of persons who have the dual diagnoses of developmental disability and emotional/psychiatric condition (i.e. major mental illness, severe behavioral condition, addiction issues). Traditionally these persons have been underserved (take out semi-colon) with their unique needs overlooked by both behavioral health and developmental disability systems These persons require in-depth expertise combining knowledge of both conditions and a range of clinical perspectives. Going forward, the needs assessment should identify the nature of this need in the state and ensure there are adequate resources and clinical skills to address them within the CCBHC service system.</p> <p>Richard Sabo and Jeff Walter then presented the proposed CCBHC Benefit Package for Children, Adolescents and Young Adults including Evidence Based Practices (EBPs) that CMHC's can choose to incorporate into their CCHBC planning. This information is summarized in two attachments to these minutes. Several Advisory Group members said there were a few EBPs missing from the list that had been discussed during the child/adolescent break out session of a previous Advisory Group Meeting. Jeff asked the members to submit to him any EBPs they found missing from the materials presented at this meeting. Please note that an updated list can be found in the attachments/handouts section of this document.</p>
Richard Sabo, BHDDH	<p>Richard Sabo noted that persons ages 14-25 are at particular risk, having a high burden of need/cost for both mental health and substance use services. They are not easily engaged through traditional service delivery methods. At age 21, many adolescents who may have been receiving services in the child/adolescent system drop off from care and the consequences for their lives are often very serious.</p> <p>A question was raised: "Which EBPs do you encourage the Centers to do?" Jeff indicated that the CMHCs should look at the needs assessment data for their respective catchment areas to help prioritize which EBPs to include. There was also comment that some of the EBPs can help a significant percent of clients, and training staff in those practices can create major treatment advances within a local population.</p>
Member question	<p>There was not enough time during the meeting to cover the discussion of crisis services. Jeff Walter noted that BHDDH sent a survey to each CMHC several weeks ago, gathering information about its existing crisis resources, gaps and recommended improvements. BHDDH is currently reviewing these responses and formulating recommendations for additional crisis services to be included at each CCBHC. BHDDH will then notify the CMHC Directors of its recommendations.</p>
Ann Detrick	<ul style="list-style-type: none"> Members were encouraged to attend the next meeting of the group in person, and Ann thanked them for their participation. Next Meeting Date: August 17, 2016 at HP Conference Room, 301 Metro Center Blvd, Warrick RI from 2-3:30pm.